IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

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## INFORMATION DISCLOSURE STATEMENT UNDER RULE 1.56

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

**PRODUCTS** 

Applicant requests that these documents be considered by the Examiner before issuance of the next action and made of record in this file. The Examiner is also asked to initial and return a copy of the enclosed PTO/SB/08A Form to evidence such consideration.

This Information Disclosure Statement is being filed in accordance with the following provisions:

[X] CFR §1.97(b)(1). Within three months of the filing date of the application. No fee is required.

[X] 37 CFR § 1.97(b)(3). To the best of the undersigned's knowledge, before the mailing date of a first Office Action on the merits. No fee is required.

If it is determined that a fee is required as set forth in 37 CFR § 1.17(p) or 1.17(i)(1), or if any additional fees are required, please charge such fee to Deposit Account No. 02-4467. A duplicate copy of this document is enclosed.

Respectfully submitted,

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Substitute for form 1449A/PTO

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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Complete if Known				
Application Number	10/674,582			
Filing Date	September 29, 2003			
First Named Inventor	Rodney G. Wilson	-		
Group Art Unit				
Examiner Name	Not yet assigned			

C018497/0106453

					U.S. PATENT DOCUME	NIS .		
	Cite	U.S. Patent Document		Name of Patentee or Applicant	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant		
	No.1	Number	Number Kind Code <sup>2</sup> (if known)		of Cited Document	MM-DD-YYYY	Passages or Relevant Figures Appear	
	A1	US-2003/0	0144876A1		Kosinski et al.	7/31/2003		
	A2	US-2003/0	0139945A1		Brown et al.	7/24/2003	-	
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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08A (08-03)

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RANGAR	Complete if Known		
Substitute for form 1449B/PTO	Application Number	10/674,582	
INFORMATION DISCLOSURE	Filing Date	September 29, 2003	
	First Named Inventor	Rodney G. Wilson	
STATEMENT BY APPLICANT	Group Art Unit		_
	Examiner Name	Not vet assigned	

Sheet C018497/0106453 Attorney Docket Number OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. Examiner Cite T2 Initials\* No.1 "FREE Orange Card" pamphlet enrollment form of GLAXOSMITHKLINE Internet enrollment form of TOGETHER RX, LLC C2 "Real Savings. Real Easy." Pamphlet enrollment form of TOGETHER RX, LLC C3 Patient Assistance Program enrollment form of TAP PHARMACEUTICALS, INC. C4 Patient Assistance Program enrollment form of SOLVAY PHARMACEUTICALS C5 Patient Assistance Program enrollment form of SHIRE US INC. C6 Patient Assistance Program enrollment form of SCHERING C7 C8 Patient Assistance Program form of PURDUE Patient Assistance Program form of ORPHAN MEDICAL C9 Patient Assistance Program form of NOVARTIS C10 C11 Patient Assistance Program form of PROCTER & GAMBLE C12 Patient Assistance Program form of CONNECTION TO CARE Patient Assistance Program form of MGI PHARMA C13 C14 Patient Assistance Program form of LIGAND PHARMACEUTICALS Patient Assistance Program form of FAULDING LABORATORIES C15 Patient Assistance Program form of FIRST HORIZON PHARMACEUTICAL CORPORATION C16

Examiner	Date	
Examiner Signature	Considered	
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